

**Addressing
complications of
Unsafe Abortion
in Sub-Saharan Africa**

Programme and Policy Actions

This booklet is based on the MONOGRAPH ON *COMPLICATIONS OF UNSAFE ABORTION IN AFRICA**, which documents the problems associated with unsafe abortion in sub-Saharan Africa. The findings, interpretations and conclusions both in the monograph and in this booklet are those of the authors and should not be attributed to the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa or its member countries.

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Summary

The complications associated with unsafe abortion present a formidable obstacle to social and economic progress in sub-Saharan Africa. This booklet provides the highlights of a study that has documented the problem through extensive review of both published and unpublished literature and primary data collection in the region. Results of this study coordinated by the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa with the technical assistance of JHPIEGO Corporation, a Johns Hopkins Program for International Education in Reproductive Health and International Project Assistance Services (IPAS), have been compiled into a monograph: *Complications of Unsafe Abortion in Africa*.

Collectively, the findings from the study showed that unsafe abortion is a major cause of maternal disabilities and death in sub-Saharan Africa. Highlights of the topical summaries presented in the monograph which cover magnitude of unsafe abortion, clinical and cost-related issues, contraceptive use and incidence of unsafe abortion and men and unsafe abortion are featured in this booklet.

Besides highlighting the major findings from the monograph, *Addressing Complications of Unsafe Abortion in sub-Saharan Africa: Policy and Programme Actions* also offers proposals that would assist policy-makers in the region and elsewhere in promoting changes needed to improve the well-being of women in this context.

Action is needed to decentralize emergency treatment service by providing equipment, staff, training and supplies to the lowest level health care facility. In addition, community activities to promote awareness of the problem need to be strengthened. Administrative and legal reforms are also needed to emphasize women's reproductive health rights in the treatment and management of unsafe abortion.

Almost always, unsafe abortion is a result of unwanted pregnancy reflecting lack of information about family planning services and limited access to those services. Providing family planning information and contraceptives to women of reproductive age will help them avoid unwanted pregnancies.

Because governments play a central role in the delivery of health care, they can substantially influence programme and policy outcomes by undertaking actions that are outlined in this booklet while as important partners in the provision of health services, donor agencies and development partners can help resolve the problem by participating and providing support in areas such as research, training, and in public awareness programmes.

Background

Worldwide, an estimated half-a-million women die each year from complications related to pregnancy and child birth. A third of these deaths, most of which occur in the developing world, take place in Africa. In the mainland countries of East, Central and Southern Africa (ECSA), the number of women who die due to causes related to pregnancy and child birth range from 200 to 600 deaths per 100,000 live births, giving the region one of the highest maternal mortality rates in the world.

Results of a study coordinated by the Commonwealth Regional Health Community Secretariat (CRHCS) on risk factors associated with maternal mortality in ECSA and discussed in 1993 by the Health Ministers Conference - the policy making body of the Health Community - showed that complications associated with unsafe abortion were responsible for 28 percent of the total number of maternal deaths in the region. Women undergoing treatment from complications associated with unsafe abortion accounted for between 20 and 60 percent of admissions to gynaecological wards.

To determine the magnitude and factors surrounding the problem, the CRHCS with technical assistance from JHPIEGO Corporation, a Johns Hopkins Program for International Education in Reproductive Health, and International Project Assistance Services (IPAS), coordinated a study that extensively reviewed published and unpublished literature in this area. Among the unpublished literature, close to 200 documents that included ministries of health annual reports, conference proceedings, country reports and academic dissertations from the region were reviewed.

This effort was supplemented by primary data collection in three representative countries - Malawi, Uganda, and Zambia. During this phase, information was gathered from hospital records and by interviewing hospital administrators, health care workers, and patients.

The findings from this study have been collected into one of the most comprehensive publications on this subject in the region: *Monograph on Complications of Unsafe Abortion in Africa*. This booklet summarizes the key findings and the policy and programme implications of that study.

Magnitude of Unsafe Abortions

Unsafe abortion is common in sub-Saharan Africa and the management of associated complications consumes a large amount of resources. In one community-based study, up to half of all direct obstetric deaths were associated with unsafe abortions, while women undergoing treatment for abortion complications accounted for up to 60 percent of hospital beds in gynaecological wards.

Information available from hospital studies show that overall, unsafe abortion is responsible for a a third of maternal deaths in sub-Saharan Africa. In this region between 200 and 600 maternal deaths per every 100,000 live births are associated with pregnancy and childbirth.

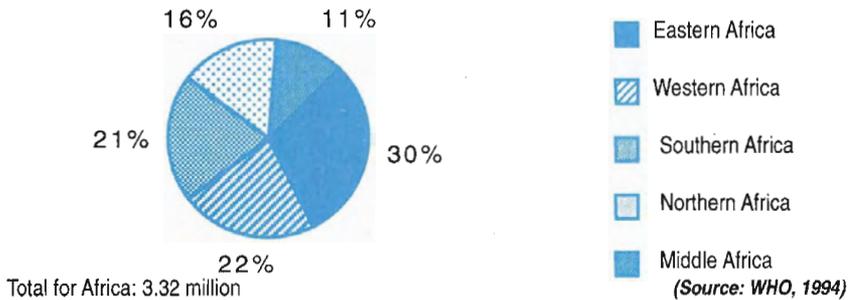
Other findings:

- Unsafe abortion accounted for 18 to 28 percent of maternal deaths in hospitals. In a Kenyan study, one out of every ten maternal deaths was due to the complications of unsafe abortion. In South Africa, the number was as high as one out of every four deaths.
- Unsafe abortion is a major burden to health care facilities. In Malawi, the average number of women being treated for complications of unsafe abortion in 1994 was 192 per month in the country's referral hospital while in Zambia, the average number per month was as high as 270 during the same year.
- Adolescents frequently form the largest group of females treated for complications of unsafe abortion especially in urban areas. In two Nigerian studies, more than 60 percent of patients with infections were less than 20 years old, while in one Ugandan study, almost 60 per cent of deaths due to complications from unsafe abortion were among adolescents.
- A woman seeking care for abortion complications was likely to be single, with few or no children, less than 20 years old, in school or unemployed.

- Untrained persons such as traditional healers performed most of the induced abortions. Among health workers, a majority of those who induce abortion are unspecialized medical practitioners.
- During the study, a third of all patients interviewed at health facilities knew of a relative or a friend who had become seriously ill or had died due to complications of unsafe abortion.

FIGURE 1

Estimated distribution of unsafe abortions among women aged 15-49 in Africa



From the information collected, it is evident that unsafe abortion places a heavy burden on already strained health care systems and results in unnecessary deaths. There is also little guidance on how best to provide services to women seeking treatment for complications from unsafe abortion due to lack of information on the occurrence and management of unsafe abortion.

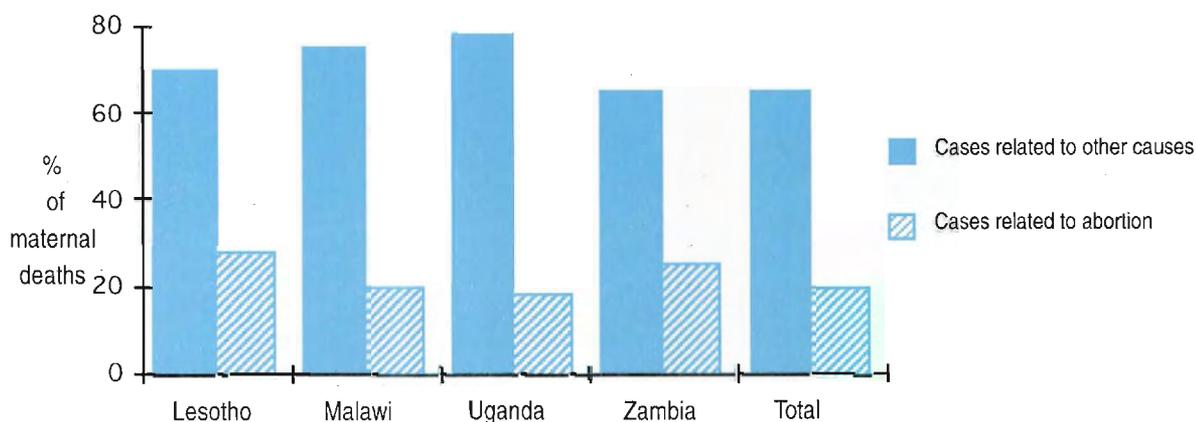
Improvement in the management and treatment can be made by:

- Initiating emergency treatment services at the lowest level possible.

- Integrating postabortion care with routine family planning services, especially among adolescents.
- Strengthening information and documentation systems related to the treatment of unsafe abortion.
- Increasing the availability of public sector abortion services under circumstances where such services are legally indicated.

FIGURE 2

Distribution of maternity and abortion-related deaths in four countries in East, Central and Southern Africa



Source: Risk factors associated with maternal mortality in Lesotho, Malawi, Uganda and Zambia in: Kinoti, S. N. and Mpanju-Shumbusho W. (eds) 1993. *Proceedings of the Regional Conference on Policy Implications of Reproductive Health Research Results in East, Central and Southern Africa*. Commonwealth Regional Health Community Secretariat, Arusha, Tanzania.

Clinical Issues Related to Complications from Unsafe Abortion

The following are the key findings from studies undertaken in the 80s and the early 90s in sub-Saharan Africa:

- The majority of women needing emergency medical care had incomplete abortions that were often infected.
- Disability or death resulted from illegal abortions; complications included:
 - severe bleeding;
 - shock;
 - infection;
 - lacerations of cervix and vagina;
 - perforations of uterus; and
 - pelvic inflammatory disease.
- Women may become infertile as a long-term complication from unsafe abortion.

A two-year study of 3,500 women compared manual vacuum aspiration versus sharp curettage. Findings showed that treatment for abortion complications with manual vacuum aspiration:

- improved quality of care, lessened loss of blood, and was less painful;
- took only 4-7 minutes compared to up to 15 minutes for sharp curettage;

Box 1. Complications from unsafe abortion

Seventeen-year old Loise Mulenga writhes in pain on the cold concrete floor of the gynaecological ward of the Lusaka Teaching Hospital (LTH). Her only garments, a blood-soaked school tunic and sweater, must keep her warm from a fever she has had for the last 48 hours. The cause? An abortion turned awry.

Four days ago when Loise missed her periods for the third consecutive month, she became desperate and headed for the all too familiar surroundings of a clinic of a backstreet practitioner, determined that this would be the last time she would come back here lest she failed to complete her much valued secondary school education. This high school candidate is the first-born of six children of a Lusaka vegetable hawker.

Once the procedure was complete, Loise returned home confident that within two days she would be able to go back to school. However that night, Loise began to bleed profusely, and had excruciating pain in her lower abdomen. By the morning, she had such a terrible fever that her two blankets which ordinarily served as her beddings could not keep her warm enough.

Obviously worried about her daughter's condition, Loise's mother begged to take Loise to the hospital but she refused, hanging onto the words of her 'doctor' that she would be well again in no time to resume school. However, on the second day, Loise's pain was unbearable. This time with the help of her younger sister and mother, Loise was helped to the LTH, where she took her position on the bench to see the doctor.

Nine hours later, a weak and hungry Loise murmured her history to the nurse who was asking quick successive questions. "I'm eighteen," she whispered, "I don't have a child; I was here six months ago with the same problem," she added face down, ashamed that the nurse might embarrass her before the older women like she had done the first time.

Half an hour later, Loise was wheeled to the operating theatre where the doctor performed an abdominal surgery for removal of her extensively perforated uterus.

Lying on her hospital bed two days after her operation, Loise pondered her future: How would she face her parents with the news that she will never be able to have children?

- resulted in fewer complications and shorter (less than a day) hospital stay.

Comparison of two methods of uterine evacuation

Characteristic	<u>Manual vacuum Aspiration</u>	<u>Sharp Curettage</u>
Location	Exam room, emergency area, or operating room	General operating room or operating room
Pain-control Measures	Lower level of pain-control medication. (Mild sedation analgesia, and/or local anaesthesia are all used at times)	Higher level of pain-control medication. (Heavy or mild sedation, analgesia are all used at times)
Level of Provider	Gynaecologist, general physician, or trained paramedical personnel under supervision	Gynaecologist, general physician
Hospital Stay	Less than one day	One or more days

(Source: IPAS, 1993)

Unsanitary conditions were the major cause of complications and infection when pregnancies were terminated unsafely. On the other hand, when pregnancies are terminated under sanitary conditions by a trained provider, complications are rare.

Treatment of women seeking emergency medical care as a result of an unsafe abortion can therefore be improved by:

- Increasing pre-service and in-service training of providers in:
 - safe methods of uterine evacuation;
 - management of complications;
 - appropriate referral;
 - pain control;
- Improving supervision of providers of postabortion care.
- Expanding emergency abortion treatment services to the lowest level of the health care system where staff, supplies, and equipment are available.
- Making emergency equipment and supplies available at all designated service sites.

Costs to the Health Care System of Unsafe Abortion-Related Complications

A significant proportion of hospital admissions in sub-Saharan Africa are patients with unsafe abortion-related complications.

Available cost-related information shows that:

- In Kampala, patients with abortion-related complications accounted for 46 percent of annual gynaecological admissions in one hospital, and 64 percent in another.
- In Malawi, the annual budgeted health expenditure per person in 1994 was US \$ 2.55. The cost of treating a patient with complications from unsafe abortion in the same year was estimated to be US \$ 27.40.
- Patients with abortion complications can have long hospital stays - as long as three weeks for severe complications.
- Hospital administrators frequently do not know what it costs their facilities to treat abortion-related complications.
- Equipment for inexpensively treating unsafe abortion complications is generally lacking in health facilities. When a facility in Kenya substituted manual vacuum aspiration for sharp curettage (which is most commonly performed in an operating room) treatment costs fell by two-thirds.

Treating complications from unsafe abortions competes with other health services and strains already over-burdened health-care systems. The need to allocate limited health resources to meet these emergencies can be reduced by changes in health policies. More liberal laws would reduce the number of clandestine abortions and as a result reduce complications. By expanding and improving access to family planning services, unwanted pregnancies can be avoided, thus further reducing the number of unsafe abortions.

Other steps that can be taken to ease the burden to the health care system include:

- Strengthening the capacity of the lowest level health facilities to provide services for the treatment of complications from unsafe abortion by providing them with basic equipment, drugs and supplies.
- Making the treatment of complications from unsafe abortion affordable.
- Authorizing trained nurses and clinical officers to treat patients with complications from unsafe abortion after undergoing training.
- Monitoring the costs of treating unsafe-abortion complications in health care facilities.

Box 2: Costs of unsafe abortion-related complications

Victoria Lukwago and her husband Samuel live with their five children, the eldest, seven, and the youngest, eight-months-old, in a two-roomed house. Their only source of livelihood is a half acre banana plantation inherited from Samuel's late father. Any time a member of this family is sick, Victoria or Samuel has to trot the 5km rough stretch to the nearest Masaka District Referral Hospital for medical attention.

At 28, Victoria who already looks haggard and weighed down by the frequent childbirth is not spared from the long, tiring journey, which for her has become the epitome of pain, guilt and suffering. Three times before when she has walked down this road and was eventually admitted at the Masaka Hospital, Victoria was suffering the complications of abortions which in her case have ranged from severe bleeding to pelvic inflammatory disease.

Yet as this mother of five once again, luckily, but slowly recovers for the fourth time from the effects of an induced abortion, this may remain her only means of fertility control.

Ever since her third child was born four years ago, Victoria has desired to space her children so that she can have ample time to recuperate as well as attend to her other children. But although she is aware that there are family planning methods available, she has never used any contraceptives to protect herself against unwanted pregnancy for fear that she might become infertile altogether. As a result, Victoria has had to contend with the services of a medicine woman in her village, who, whenever Victoria suspects she is pregnant, introduces a 'portion' in Victoria's uterus to 'block' the pregnancy.

Use of Contraceptives and the Incidence of Unsafe Abortion

Studies on contraceptive use and the incidence of unsafe abortion show that women who seek abortion rarely use any family planning method to protect themselves against unwanted pregnancy. Lack of information about family planning services and access to those services are the main obstacles identified among such women.

In one survey among adolescents, up to 80 percent of secondary school students and all university students who had ever been pregnant admitted to having had an induced abortion.

Other findings:

- Facilities treating patients for complications from unsafe abortion rarely offered family planning services although the majority of patients treated for this problem expressed a wish for such information.
- Induced abortion appears to be a means of fertility control in sub-Saharan Africa.
- Information on successful links between routine family planning and postabortion care services is lacking, making it difficult to plan for such services.

From the studies, it is clear that providing family planning services and contraceptives to sexually active women - including single women and adolescents - will greatly reduce both the incidence of unwanted pregnancy and of unsafe abortion. Since the majority of providers at facilities offering incomplete abortion care favour offering family planning services as well, national family planning programmes should work with those facilities to design a minimum package of family planning services to be offered to patients being treated for complications from unsafe abortions.

Other measures that can be undertaken to reduce cases of unsafe abortion include:

- Incorporating the special needs of incomplete abortion patients

into the training of family planning providers and health workers who manage such cases.

- Undertaking studies to establish the relationship between the use of contraceptives and unsafe abortion.

Men and Unsafe Abortion

There is little information about the role men play in the decision to terminate pregnancy beyond an indication that some men pay for their partners's procedure.

Box 4. Male attitudes

Every so often, Regina, a banker, and Peter, a medical practitioner sit back and reminisce about their childhood days with great nostalgia. Both grew up in a township in the outskirts of Bulawayo, where a sound education was emphasized as the key to a bright future. So Peter and Regina had to work very hard to secure places in the competitive national university.

Unlike their former high school however, the rules at the university were more relaxed and enjoyed the newly found freedom. No sooner had the two settled at the campus, than Regina began to worry about getting pregnant as they did not use any contraceptives.

By the end of the second semester, Regina was pregnant. Their initial reaction was anger and regret for not having taken precaution. As the days wore on, and the two discussed their options, they knew that these were limited. Regina would have to drop out of the campus to nurse the baby while Peter struggled to meet his new family's upkeep on his meagre student's allowance. After all, he was just a freshman and chances of getting a well-paying job were almost nil.

Apprehensive of her future Regina suggested an abortion. And although Peter was frightened by the very thought, when the day came, he still escorted Regina to a doctor a friend had introduced him to and paid for the service.

Eight years later today, Peter now a practicing doctor, regrets that they had to do what they did.

However, men have an important role to play as partners, as medical practitioners, and as political, religious, and community leaders, to improve the conditions surrounding women's reproductive health.

- Men should be involved in discussions to resolve the problems of unsafe abortion.
- Research is needed to clarify areas of male involvement in unsafe abortion so as to provide the necessary support.

Unsafe Abortion and the Legal Environment

In almost all countries in sub-Saharan Africa, abortion is legally allowed only under special conditions, such as to save the life of the mother. In addition, its procurement is regulated by bureaucratic processes that are more concerned with the legal stipulations than with public health interests. Restrictive laws have a negative effect on women's health because they force women to seek abortions under clandestine circumstances.

Some of the issues negatively affecting women's health in this area include:

- Administrative requirements for legal abortion that reduce women's access to safe legal services.
- Ignorance among health personnel about the laws regulating abortion that hinders provision of this service.
- Lack of facilities for legal abortion services. For example in Zambia, where abortion laws are relatively liberal, manual vacuum aspiration services are readily available only in that country's referral hospital.

Abortion and the law is an area that requires further discussion. Restrictive laws tend to drive abortions underground where they are performed by poorly trained practitioners working under unsanitary conditions. There is therefore need to address this reality by analyzing the feasibility of legal reform in a variety of political and cultural settings. A survey among women showed that they choose to terminate their pregnancy regardless of the law. Likewise, individuals who provide abortion services do so in spite of restrictive laws. Examination of these issues by African legal experts, social scientists, public health professionals, and proponents of women's rights would inform the debate about the direction reform could, and should take.

Box 3. Legal implications of unsafe abortion

Until a fortnight ago, Mary Nduta, 40, was a happily married mother of three. Her 42-year old husband, John Kioko, a taxi-driver in Nairobi's city centre had a constant income from his taxi business. For the last 18 months however, Kioko had been pressing for the birth of their fourth and hopefully last child. Nduta, willing to oblige before her biological clock ticked away, gladly conceived three months ago.

Meanwhile, the worst befell Kioko. His 15 year old taxi broke down and business came tumbling down. Suddenly, the family savings began to go into not only paying rent, but also to repairing the taxi. At the end of two months, there were still no signs of the taxi getting back on the road. When Nduta raised her concern over the impending costs of having a baby under their cash-strapped budget, Kioko could only console his wife by telling her to be optimistic.

Three months down the line, Kioko had given up ever getting the taxi back to shape and was frantically thinking of new ways to fend for his family. By this time, Nduta was convinced that the timing was not right to have another child. So, secretly she visited a clinic in town where an abortion was carried out. On her way home later that evening, a tired and weak Nduta fell unconscious by the bus-stop where she had been waiting for over an hour to catch her bus home.

Meanwhile, two good samaritans took her to the hospital. When Nduta recovered consciousness the following morning, she was confused and was trying to figure out where she was. Then the bomb-shell dropped. Nduta was met by the blunt voice of a policewoman standing in uniform by her bedside informing her that she was in hospital, and under arrest, for having induced her own abortion.

Some suggestions for reform include:

- Removing legal or administrative restrictions for practitioners who provide treatment and for women who seek treatment for complications from unsafe abortion.
- Improving access to legal abortion services as allowed by a country's law.
- Reducing administrative barriers for women seeking legal abortion.
- Increasing the number of public sector facilities offering legal abortion services.
- Raising public awareness about abortion laws in each country.

What governments can do

Complications from unsafe abortion are not only destructive in terms of women's health and lives but present a formidable obstacle to social and economic progress in sub-Saharan Africa. Besides competing for health resources that are in short supply, the deaths and disabilities from these complications undermine the very process of development.

Almost always, unsafe abortion is the result of unwanted pregnancy or an environment that forces this outcome. Governments can substantially influence programme and policy outcomes through the following actions:

- Constituting inter-ministerial task forces to examine the issue of abortion in its complete context.
- Developing action plans to respond to specific issues identified by the study on the complications of unsafe abortion that are highlighted in this booklet.
- Strengthening and increasing support to family planning programmes.
- Eliminating or reducing restrictions which limit access to contraceptive services especially among high risk groups such as sexually active adolescents.
- Initiating a review process of laws relating to abortion to emphasize women's reproductive rights.
- Promoting debate on the consequences of unsafe abortion by supporting fora that examine the issue at various levels.
- Raising public awareness of the extent of the problem by giving more attention to women's health issues in national programmes and in the national media.
- Encouraging policy and programme improvements by providing resources and creating mechanisms for discussing the issues surrounding this problem.

Suggested Actions for Donors and Development Partners

As important partners in the provision of health services in sub-Saharan Africa, donor agencies and development partners have a major role to play in helping resolve the problem of unsafe abortion in the region. Here is a summary of areas that require action.

Technical Assistance: There are resources in the region in terms of expertise that can be harnessed to develop joint strategies to solve common problems. Donor agencies can support indigenous regional networks and fora that will bring together experts from the region and elsewhere. Other support should be in the form of equipment, training and provision of supplies for the treatment of complications from unsafe abortion.

Strengthening Family Planning Services: The highest incidence of unsafe abortion occurs among adolescents and single women. Within this group, unsafe abortion is mostly a result of unwanted pregnancy. Donors can support the development of socio-culturally acceptable family planning programmes that provide reproductive health information and accessible family planning services to all women of reproductive age.

Public Awareness: The issue of unsafe abortion needs to be addressed in its complete context. Programmes are needed to raise public awareness and to clarify issues on women's reproductive health rights. At the regional and national levels, there are NGOs and professional groups that - with support - can spearhead programmes to stimulate debate and help build consensus on key issues .

Community Groups: NGOs, private voluntary organizations, and women's groups play an important role in providing care and services at the community level. Donor and development agencies can provide support in the form of training, expertise and materials to grassroots groups.

Capacity Building Through Information and Training Support: Lack of skilled health professionals at the lower levels of the health care system hampers access to postabortion care. Information related to abortion is

also poorly documented. Capacity in these areas can be improved by helping institutions:

- Improve their information and documentation systems
- Train health workers at lower levels.
- Develop training programmes and policies to cater for the special needs of women.

Monitoring and Evaluation: Technical assistance to help programme managers and researchers evaluate the impact of programmes that address these issues will lead to improved services in the prevention, treatment, and management of unsafe abortion. Donor and development agencies can contribute by providing support in this area.

Research Support: Questions remain on how to make optimum use of the available resources and identify the most effective way of providing family planning information and services to groups, such as adolescents, that are difficult to reach due to cultural, religious and political barriers. Information on the best way of organizing post-abortion care, and on the cultural and socio-economic contexts in which unsafe abortion is induced is needed. Donor agencies can support operational research that will ensure that the best approaches towards eliminating the practice of unsafe abortion are utilized when addressing identified problems.

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